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**Public Health Committee**  
**March 14, 2022**

**H.B. No. 5364 (RAISED) AN ACT CONCERNING THE TOBACCO SETTLEMENT TRUST FUND.**

The American Cancer Society Cancer Action Network (ACS CAN) appreciates the opportunity to provide comments on **H.B. No. 5364 (RAISED) AN ACT CONCERNING THE TOBACCO SETTLEMENT TRUST FUND**. ACS CAN, the nonprofit, non-partisan advocacy affiliate of the American Cancer Society, advocates for public policies that reduce death and suffering from cancer including policies targeted at improving the health of our state by reducing tobacco use.

**The Problem: Tobacco Use and the Toll of Tobacco in Connecticut**

Tobacco is an addictive and deadly product and tobacco use remains the nation's number one cause of preventable death. According to the U.S. Surgeon General, smoking is a known cause of cancer of the oropharynx, larynx, lung/trachea/bronchus, stomach, liver, pancreas, kidney, cervix, bladder, colon, and acute myeloid leukemia.<sup>i</sup> In fact, smoking is responsible for an estimated 25.3% of cancer deaths in Connecticut.<sup>ii</sup> Additionally, smokeless tobacco use can cause cancer of the mouth, esophagus, and pancreas.<sup>iii</sup>

Smoking harms nearly every organ in the body and increases the risk for many types of cancer, heart attack, stroke, chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis and other diseases.<sup>iv</sup> People who smoke or who used to smoke are at increased risk for severe illness from COVID-19. Smoking is also a proven risk factor for cancer, COPD and heart disease, which also put people at increased risk for severe illness from COVID-19. Regardless of any association with COVID-19, the adverse health effects of smoking are well-documented and irrefutable.

Evidence suggests cigarettes are being manufactured and marketed in ways that make them more deadly than ever. The Surgeon General has determined that individuals who smoke cigarettes today have a much higher risk for lung cancer and COPD than did people who smoked in 1964, despite smoking fewer cigarettes.<sup>v</sup> If you add the deaths from all diseases attributable to smoking, the number of annual deaths climbs to 4900 lives lost to smoking each year in Connecticut—13 people per day.<sup>vi</sup> In fact, if nothing is

done to reduce smoking rates in our state, 56,000 kids under 18 currently alive in Connecticut will ultimately die prematurely from smoking.<sup>vii</sup>

Unfortunately, after years of decline, we've seen sharp increases in youth tobacco use nationwide in recent years, largely due to skyrocketing rates of e-cigarette use. At the same time, progress on previously declining youth use of other tobacco products, including cigarettes and cigars, stalled. Unfortunately, many young people who use tobacco do not identify the type they use as a tobacco product or do not identify the tobacco product as harmful.<sup>viii</sup> Furthermore, studies have found that e-cigarette use increases the risk of youth and young adults using cigarettes.<sup>ix, x, xi</sup>

It should be noted that the damage tobacco inflicts upon our state is not limited to death and disease. Annual healthcare costs from smoking exceed \$2.03 billion in Connecticut including \$520.8 million Connecticut's Medicaid program spends each year to treat smoking-related diseases.<sup>xii</sup> Smoking-caused productivity losses cost Connecticut an additional \$1.25 billion annually.<sup>xiii</sup>

### **Historical Efforts and Evidence in Support of Comprehensive Tobacco Control in Connecticut**

In the over 50 years since the first Surgeon General's report on tobacco use was published, scientists and policymakers have learned a lot about what works to reduce tobacco use.

The Centers for Disease Control and Prevention (CDC) evidence-based recommendations for a comprehensive tobacco control program provides states with the needed framework to educate people on the dangers of tobacco use as well as connect people who are already addicted to tobacco to resources to help them quit. Comprehensive tobacco control programs establish smoke-free policies and social norms, promote tobacco cessation and support those trying to quit, prevent initiation of tobacco use among prospective new users including youth and reduce tobacco-related health disparities among disparate populations.<sup>xiv</sup> When appropriately funded in accordance with CDC recommendations, comprehensive tobacco control programs are able to reduce tobacco use.<sup>xv</sup>

The 2014 Surgeon General's report on tobacco concluded that comprehensive statewide and community tobacco control programs are effective in preventing and reducing tobacco use by keeping young people from becoming addicted and helping individuals who use tobacco to quit.<sup>xvi</sup>

In Connecticut, our tobacco control program is currently funded for FY '23 at \$1 million dollars using one time federal stimulus funds<sup>xvii</sup> which is only 3.1% of what the CDC recommends for an effective program in Connecticut based on state-specific factors.<sup>xviii</sup>

**While HB 5364 is a promising and much appreciated start, we respectfully ask that the bill be amended to restore \$12 million in funding in the budget for statewide tobacco**

**control programs that follow proven CDC Best Practices to help alleviate and reduce the staggering annual economic toll tobacco use costs Connecticut.**

In 2022, Connecticut is expected to collect \$473.2 million from the tobacco companies in annual revenues from both tobacco settlement payments and state tobacco taxes.<sup>xxix</sup> However, the current funding level for comprehensive tobacco prevention and cessation programs in Connecticut represents only 0.21% of the tobacco-related revenues generated by these two sources combined.<sup>xx</sup>

Over the years just over 1% of the cumulative total deposited into the Tobacco and Health Trust fund has been spent in support of smoking cessation services. In 2013 the state spent \$6 million on tobacco control, for 2014 and 2015 that number was cut in half. In 2017, the Fund was eliminated entirely.

It gets worse. Since its inception in 2000, the THTF has been raided or had funds redirected 81 times. Of the total deposits into the Fund since 2000, only \$29.2 million has been spent on tobacco control while just over \$277 million has been redirected to non –tobacco related programs, including \$183 million redirected directly into the General Fund.<sup>xxi</sup>

The CDC recommends \$32 million be spent on tobacco control programs in Connecticut *per year*.<sup>xxii</sup> To put it starkly, we have dedicated a cumulative total of \$30.2 million for tobacco control during those 20 years-- *\$1.8 million less than the CDC recommends we spend annually*.

**We recommend inserting stronger protections in the bill to prevent future raids, re-directs, transfers and sweeps.**

To reduce the devastating health impact of cancer and other tobacco-related disease, we need to invest in programs that prevent kids from starting to use tobacco and help others who are already addicted to quit. Despite much progress, the current rates of tobacco use remain unacceptable, and more than two-thirds (68%) of people who currently smoke indicate they would still like to quit.<sup>xxiii</sup> Simply stated, these are people who need our help, and they would benefit from this funding. Their lives are depending on it.

### **Tobacco Prevention & Cessation Programs in Connecticut are Vital to Protect Youth**

Due to skyrocketing rates of youth tobacco use in recent years, the decades of progress that has been made in reducing tobacco use rates in youth is now in jeopardy. Here in Connecticut a staggering 27% of high school students use electronic cigarettes.<sup>xxiv</sup> As the tobacco industry is evolving, the need for funding for tobacco prevention programs has never been greater.

Increased counter marketing that can protect kids from tobacco industry appeals is a critical aspect of state comprehensive state tobacco control programs.<sup>xxv</sup> This type of media effort is needed to counteract the \$55.5 million per year that tobacco companies are spending to market cigarettes and smokeless tobacco alone in Connecticut not including their other deadly and addictive products.<sup>xxvi</sup> Funding is needed to negate the influence Big Tobacco's marketing has on youth.

It's imperative that programs are funded to protect the next generation from a lifetime of addiction. Restoring \$12 million in funding for Connecticut's tobacco prevention and cessation program is crucial to prevent kids from starting to use tobacco and help people already addicted to tobacco quit.

The tobacco control program funding request for which we ask your support here today is backed by extensive science, evidence, and success stories from other states. Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking. The longer states invest in such programs, the greater and quicker the impact. States that have funded tobacco control have indeed seen results:

- In Washington State, the state's tobacco control program cut adult smoking by a third and youth smoking in half and prevented an estimated 13,000 premature deaths and nearly 36,000 hospitalizations, saving about \$1.5 billion in health care costs. Additionally, the state saw a 5-1 saving with their program between 2000-2009.<sup>xxvii</sup>
- Florida, which has a constitutional amendment that provides \$66 million per year, has seen their adult smoking rate plummet from 21.1% in 2007 to 16.8% in 2014 and their youth smoking rate drop to 6.9% in 2015 from a high of 10.5% in 2006.<sup>xxviii</sup>
- In California, lung cancer rates declined by a third between 1988 and 2011 reducing lung and bronchus cancer rates four times faster than the rest of the United States. In addition, California saw a \$55 to \$1 return on investment between 1989 and 2008.<sup>xxix</sup>
- Alaska, one of only two states to fully fund according to the CDC recommendations, has cut its high school smoking rate by 70% since 1995.<sup>xxx</sup>
- Maine reduced its youth smoking rates by two thirds between 1997-2013.<sup>xxxi</sup>
- From 2009 to 2015, smoking among North Dakota's high school students fell by 48 percent, from 22.4 percent to 11.7 percent.

All of these states have made significant, long-term investments in tobacco control.<sup>xxxii</sup>

Following the CDC Best Practices recommendations for a comprehensive tobacco control program provides states with the needed framework to educate people on the dangers of tobacco use as well as connect people who are already addicted to tobacco to resources to help them quit.

Thanks to the decades of program implementation, surveillance, and evaluation, we now know what works best to prevent and reduce smoking and tobacco use. Extensive research shows enacting comprehensive smoke-free laws, regularly and significantly increasing tobacco taxes and adequately funding tobacco prevention and cessation programs work together to effectively reduce tobacco use and save lives.

While Connecticut is facing unprecedented public health challenges, it is critical that programs to prevent kids from starting to use tobacco and help adults quit are restored. Many tobacco users fail quit attempts because, in part, of a lack of access to successful cessation programs. Funding tobacco use prevention and cessation programs that alleviate this burden on our citizens and economy as well as preventing future tobacco users from ever starting is not only consistent with our shared goal of ensuring public health, it is also the only fiscally responsible approach we can take.

Continuing on the path we are on now will ultimately do nothing to address an entirely preventable problem. This in turn will only escalate the current fiscal pressures and result in a greater number of lives being affected by cancer at a greater cost to the state. Restoring funding for proven and effective tobacco control programs aimed at educating parents and kids and that reduce tobacco use is critical so our children can grow up not as next generation tobacco users but as the first tobacco-free generation.

Thank you for your consideration of our comments.

Bryte Johnson  
Connecticut Government Relations Director  
American Cancer Society Cancer Action Network

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<sup>i</sup> U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

<sup>ii</sup> American Cancer Society Cancer Action Network. [State-Specific Smoking-Related Cancer Cases and Deaths, 2017](#). December 2020.

<sup>iii</sup> HHS, 2014.

<sup>iv</sup> Centers for Disease Control and Prevention (CDC). Health Effects of Cigarette Smoking. Updated April 28, 2020. [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/)

<sup>v</sup> HHS, 2014.

<sup>vi</sup> CDC, *Best Practices for Comprehensive Tobacco Control Programs*, 2014.

<sup>vii</sup> Campaign for Tobacco-Free Kids. The Toll of Tobacco in Connecticut. Updated January 21, 2022.

<sup>viii</sup> Agaku I, Odani S, Vardavas C, Neff L. Self-Identified Tobacco Use and Harm Perceptions Among US Youth. *Pediatrics*. 2018 Apr, 141 (4).

<sup>ix</sup> U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.

<sup>x</sup> National Academies of Sciences, Engineering, and Medicine. 2018. Public health consequences of e-cigarettes. Washington, DC: The National Academies Press.

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<sup>xii</sup> Campaign for Tobacco-Free Kids. The Toll of Tobacco in Connecticut. Updated January 21, 2022.

<sup>xiii</sup> Campaign for Tobacco-Free Kids. The Toll of Tobacco in Connecticut. Updated January 21, 2022..

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- xx The Truth Initiative, et al (2019).
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